PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10004 Ga C

								70004995					
		CLAIMS A	S FILED - PART (Column 1)		(Column 2)		SMAL TYPE	L E	NTITY	OR	OTHER	R THAN	
TOTAL CLAIMS			39				RAT	Έ	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC			OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			34 minus 20=		* 19		X\$ 9)=	1	OR	X\$18=	342	
INDEPENDENT CLAIMS			minus 3 =		* 2		X42	=	-	1	X84=	168	
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT						<u> </u>	OR		7=0	
* 1	f the difference	e in column 1 is	less than z	ero, ente	r "0" in (column 2	+140			OR	+280=		
			MENDED - PART II				TOTA	٨L		OR	TOTAL	1250	
		(Column 1)	(Column			(Column 3) SMA			ENTITY	OR	OTHER SMALL		
AMENDMENT A	CLAIMS		HIC		EST			-	ADDI	1 1			
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	* ENTATION OF M	Minus	***	501.44	=	X42	=		OR	X84=	-	
	FINOT PRESI	ENTATION OF MI	JETIPLE DE	PENDEN	CLAIM		+140	_			+280=		
							TO			OR	TOTAL		
							ADDIT. F			OR	ADDIT. FEE		
_		(Column 1)		(Colur		(Column 3)						i	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CLAIN	=	X42=			OR	X84=		
	T WIOT T INCOL	ENTATION OF MIC	CHIPLE DE	FENDENT	CLAIIVI		+140:			OR	+280=		
							ADDIT, F			OR ,	TOTAL DDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=	, ,,,,,,,	
	Independent	*	Minus	***		=	X42=	+		ŀ	X84=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT		CLAIM		7,72=	+		OR	A04=		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
**	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pain ber Previously Pain	id For" IN THI id For" IN TH	IS SPACE is IS SPACE is	less that	n 20, enter "20." n 3. enter "3."	ADDIT. FE	EL			TOTAL DDIT. FEE		
	THE HIGHEST MUN	inei Fieviousiy Paid	ror (lotal c	r inaepende	nt) is the	nighest number	round in the	appr	opriate hox	in colu	mn 1		